

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09779107

FILING DATE
2-9-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	18	←	←	←		
TOTAL CLAIMS	21	██████	██████	██████	██████	██████

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TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		██████	██████	██████	██████	██████